

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-1 10983	2. Fiscal Year Covered From: 01/10/104 Through: 12/31/04
3. Name and address of person filing. Name <u>RICHARDO WILLIAMS</u> P.O. Box, Bldg., Room No., if any Street <u>5580 DREXEL</u> City <u>DET</u> State <u>MI</u> ZIP Code + 4 <u>8213</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS INTERNATIONAL UNION</u> Labor Organization File Number <u>LA-007-294</u> <u>LABORERS LOCAL 334</u> P.O. Box, Building and Room Number, if any Street <u>2727 Second Ave. Suite 323</u> City <u>DETROIT</u> State <u>MI</u> ZIP Code + 4 <u>48201</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State <u>N/A</u> ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Richardo Williams

On

8-15-05

Date

313) 965-7481

Telephone Number

Name of Person Filing <u>RICARDO WILLIAMS</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>LABORERS METROPOLITAN DETROIT HEALTH CARE FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>6525 CENTURION DR.</u> City <u>LANSING</u> State <u>MI</u> ZIP Code + 4 <u>48917-9275</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> <u>TRUSTEE OF FRINGE BENEFIT FUND, RECEIVED REIMBURSEMENT FOR CONFERENCE EXPENSES.</u> </div>
	11.b. Approximate dollar value of such dealing. <u>\$3,127.93</u>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> <u>ALL REIMBURSEMENTS ARE FOR EXPENSES DIRECTLY REBATED INCURRED IN MY CAPACITY AS TRUSTEE.</u> </div>
	12.b. Amount. <u>\$3,127.93</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

LABORERS METROPOLITAN DETROIT HEALTH CARE FUND

TRAVEL EXPENSES RECEIVED FROM
JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

RICARDO WILLIAMS

CHECK DATE	PAYEE	AMOUNT	PURPOSE
10/17/2004	International Foundation	\$915.00	Regist Fee for Annual Conference 11/04
11/6/2004	Ricardo Williams	\$2,250.00	Travel Advance - Annual Conf 11/04
	Laborers Metro Health	(\$37.07)	Refund of Unused Travel Advance
		TOTAL \$3,127.93	

August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for Ricardo Williams Labor Organization File No. U-007-294

Dear Sir or Madam,

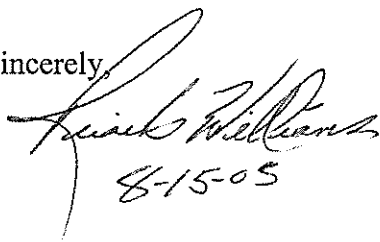
Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 20004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advise, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,


8-15-05